

For Office Use Only

CHANGE OF EMS MEDICAL DIRECTOR

This form is authorized under s. 146.50, Wisconsin Statutes and Chapters 110, 111 112 and 113, Wisconsin Administrative Code. Completion of this form is mandatory for a change of service medical director. Personally identifiable information requested on this form will be used for Bureau of EMS and Injury Prevention and licensure purposes only.

INSTRUCTIONS: Type or print legibly.

MEDICAL DIRECTOR INFORMATION

Ambulance Service Provider Name (If more than one ambulance service is affected, submit a separate form per service.)

New Medical Director's Name		Wisconsin Medical License Number	
		M.D. or D.O.	
Address		Mailing Address (if different)	
City	State	Zip Code	County
CPR Expiration Date	ACLS Expiration Date	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Daytime Telephone Number	Pager Number	FAX Number	E-mail Address

MEDICAL DIRECTOR CERTIFICATION

I acknowledge receipt of the Wisconsin Emergency Medical Services and Injury Prevention Handbook and have read the Chapter "Medical Program Director Roles and Responsibilities" in its entirety.

SIGNATURE – Medical Director

Date Signed

Return this document, a copy of your CPR and ACLS cards and a copy of your resume (curriculum vitae) to:

DIVISION OF PUBLIC HEALTH
BUREAU OF EMS & INJURY PREVENTION
EMS Systems and Licensing Section
PO Box 2659
Madison, WI 53701-2659